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ABSTRACT

The purposes of this study were to assess the attitudes of preschoolers toward two types of handicapping conditions (mental retardation and physical disabilities), and to explore the underlying social reasoning used by young children to formulate/support their perceptions. Sixteen 3- and 4-year-old boys and girls were presented with two 8-1/2" x 11" photographs. One photograph pictured a physically handicapped young boy (age 7 years) using crutches and leg braces, and the other photograph pictured a 9-year-old girl with Tuberous Sclerosis, a condition frequently associated with mental retardation. Each subject was then individually asked a series of questions constructed to elicit his/her social understanding and attitudes towards handicapping conditions. Statistical and content analysis indicated that only two subjects (both girls in the older age group) with prior exposure to handicapped people identified the children in the photographs as handicapped. Most subjects failed to notice anything different about either handicapped child. Those who identified the handicapped boy as "different" responded to the crutches as signifying a broken leg or other resolvable problem rather than a permanently disabling condition. Those who identified the retarded girl as "different" responded to the facial tubercles and general unkempt appearance by describing her as "dirty", but attributing this to a temporary situation correctable by cleanliness. These results suggest that the egocentric thought patterns of young children may make them unaware of handicapping conditions, and that perceptions of handicapped people may first be learned from adult attitudes and behaviors. Suggestions for further research in this area are discussed, and a copy of the questionnaire used to elicit subjects' perceptions of handicapping conditions is attached. (Author/MP)

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Examining Young Children's Perceptions of Handicaps

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Running head: Perceptions

Abstract

An adaptation of the Piagetian clinical interview for examining social reasoning in young children was used to assess the perceptions of 16 preschool children (ages four and five) of handicaps via their reactions to pictures of handicapped children. Statistical and content analyses indicated that only two subjects with prior exposure to handicapped people identified the children as handicapped; most subjects failed to recognize any differences. These results suggest that the egocentric thought patterns of young children may make them unaware of handicapping conditions, and that perceptions of handicapped people may first be learned from adult attitudes and behaviors.

Examining Young Children's Perceptions of Handicaps

The current emphasis in the field of special education on practices relating to the principles of mainstreaming and normalization, and requiring the integration of handicapped with nonhandicapped children, raises questions about the attitudes and acceptance of handicapped individuals by their nonhandicapped peers. Interaction cannot be achieved by physical proximity alone; where attitudes are negative or rejecting, handicapped children will fail to benefit from integrated settings.

This problem is especially crucial during early childhood. Peer interaction is essential to normal development and to the socialization process (Damon, 1979). Communication skills, social role behaviors, and values, are learned from peer models in ways that cannot be matched by relationships with adults (Hartup, 1978). Handicapped young children need contact with their nonhandicapped peers of sufficient quantity and quality to encourage the normal patterns of social-emotional growth. Yet little is known about how young children view handicapping conditions.

Most attitudinal studies have found that children tend to have predominantly negative perceptions of handicapped people, whether they are mentally retarded (Cohen, 1979; Fuchigami and Shepard, 1968; Gottlieb, 1975; Iano et al, 1974), physically handicapped (Alessi & Anthony, 1969; Centers & Centers, 1963; Rapier et al, 1972; Richardson et al, 1961; Richardson et al, 1974; Richardson & Royce, 1968), or even mildly learning disabled (Bryan & Bryan, 1976, 1978). Although relatively few studies have investigated the attitudes of very young children, there is some evidence that negative attitudes appear as early as the preschool years

(Billings, 1963; Force, 1956; Levitt and Cohen, 1976; Richardson, 1971). Two studies which traced the perceptions of physical handicaps in young children found that negative attitudes were expressed consistently by four years of age (Jones & Sisk, 1979; Weinberg-Asher, 1973). Further investigations to determine why such attitudes develop and what can be done to change/prevent them, are critical to future mainstreaming efforts.

Because attitudes scales are inappropriate and difficult to employ with young children, (Yarore, 1960), investigators have relied on a variety of observational procedures (Jones et al., 1981), clinical interview techniques (Orellove, 1976), or sociometric measures (Soldwedel & Terrell, 1957). To date, there have not been any studies reported which attempted to examine the reasons and causes associated with observed or recorded attitudes of children toward handicapped people. The purpose of the present study therefore, was not only to assess the attitudes of preschoolers toward two types of handicapping conditions (mental retardation and physical disabilities) but also to attempt to explore the underlying social reasoning used by young children to formulate/support their perceptions.

Method

Subjects. Subjects were eight three year olds (four males and four females) and eight four year olds (four males and four females) attending a private preschool in Morgantown, West Virginia. All subjects were children from white, middle class families. There was no handicapped children in attendance at the preschool.

Procedure. Two 8 1/2 X 11" reproductions of photographs were used to enable the subjects to visualize the handicapping condition. One photograph pictured a physically handicapped young boy (age - 7 years) using crutches and leg braces. The other photograph pictured a young girl (age - 9 years) with Tuberous sclerosis, a condition frequently associated with mental retardation.

A series of questions, based on data from other studies (Jones, et al, 1981; Orelove, 1976) was constructed to elicit expression of attitudes from the subjects. Since valid data depends on creating a situation that is realistic and understandable at the age level of the child (Damon, 1979), the questions centered on the basic task of accepting the handicapped children as potential playmates in the classroom setting. Followup questions probing the subjects' reasons were used in a standard clinical interview procedure to encourage expression of underlying social understanding. The list of questions is included in Table 1.

The examiner took each subject aside to a quiet area in the school, presented the photographs, and asked the questions, using an adaptation of the Piagetian clinical method (Damen, 1979). Whenever a subject made an unusual or unclear comment, the examiner asked additional questions to clarify the response. All responses were recorded on the questionnaire under the appropriate question, and subsequently analyzed for frequency of response and content.

Results and Discussion

Two separate independent chi-square analyses were performed to investigate the effects of age (four years and five years) and sex (male and

female) on the frequency of positive ("Yes") responses to the attitude questionnaires per group. The results for the question concerning the physically handicapped boy ($\chi^2 = .7627$, $df=1$) and for the mentally retarded girl ($\chi^2 = 1.217$, $df=1$) were not significant ($p .05$). The phi coefficients calculated for both analyses indicated that no relationships existed between the variables ($\phi=.075$ for the boy; $\phi=.098$ for the girl). Although the statistical analyses failed to uncover any significant findings, content analyses of the individual responses to questions and probes revealed several interesting trends.

Only two subjects (both girls in the older age group) identified the children in the pictures as "handicapped"; both subjects had previously been exposed to handicapped people and had received explanations from adults. They expressed traditional stereotypic views ("he can't do things like I do"; "I feel sorry for her"). Although they tended to answer the acceptance questions positively (indicating a satisfactory general attitude toward handicapped people), they responded negatively to the competence and deviance measures (indicating that they perceived handicapping conditions as limiting ability, and representing an undesirable abnormal state).

Most subjects on the other hand, failed to notice anything different about either handicapped child. Those who identified the handicapped boy as "different" responded to the crutches as signifying a broken leg or other resolvable problem rather than a permanently disabling condition. Those who identified the retarded girl as "different" responded to the facial tubercles and general unkempt appearance by describing her as "dirty", but attributing this to a temporary situation correctible by cleanliness. Such responses indicate that children at this age are

unaware of handicapping conditions unless they have had prior experience with handicapped people. Since children during the preschool period are generally operating at an egocentric level of social development (Damon, 1975), where personal desires and superficial physical characteristics are important determiners of interpersonal relationships, they are most likely to respond to others on the basis of their own feelings and limited experiences, and focus on rather simplistic superficial characteristics (such as dirtiness") which they understood. This interpretation is strengthened by the fact that most subjects tended to project their own feelings onto the handicapped children when responding to questions about happiness, school ability, number of friends, etc., speaking from their own perspective rather than taking the perspective of the pictured child.

Since the only children who recognized the handicaps were those who had previous exposure accompanied by adult instruction, modeling may play an important role in the development of perceptions of handicapping conditions. Adult attitudes and reactions to handicapped people may be imitated by young children, thus the role models available to children may strongly influence how they learn to view handicaps.

Several interesting sex stereotypes were also brought to light by the content analyses. A few subjects responded to the physically handicapped boy as a male and to the mentally retarded girl as a female, with comments such as "girls are dumb", "boys aren't nice", "girls can't be captains because they have to be cheerleaders", "boys are better captains"; such comments were obtained from subjects of both sexes. This suggests

that, at this age, children may be beginning to acquire what might be termed as "traditional" attitudes toward appropriate behavior for males and females, and general sex roles. It was not clear whether the answers of those subjects not exhibiting this trend reflected a lower level of social development, or less experience with cultural sex stereotypes.

The results of this study indicate that additional research into the attitudes of young children toward handicapped people is needed. Studies using the clinical interview procedure with children at the preschool and older age levels may help to clarify at what age handicapping conditions are clearly perceived, as well as the relationship of personal experiences and observed adults actions to expressed attitudes and underlying reasons. Other studies using observation procedures to investigate patterns of interaction between young nonhandicapped children and handicapped peers are also needed to determine the influence of children's attitudes on their actual behavior, as well as the effect of the handicapped child's own actions on peer interactions.

TABLE I

QUESTIONNAIRE ON PRESCHOOLERS PERCEPTIONS OF HANDICAPPING CONDITIONS

This little boy's (girl's) name is Andy (Beth). He (she) may be coming here to the school next year.

I. DEVIANCE

1. Can you see anything different about Andy (Beth)?
2. Do you think Andy (Beth) is sick?
3. Do you think Andy (Beth) is happy?
4. Do you think Andy (Beth) likes to do the things you like to do?
5. Do you think Andy (Beth) is handsome (pretty)?

II. COMPETENCE

1. Do you think Andy (Beth) is smart?
2. Do you think Andy (Beth) is good in school?
3. Would you ask Andy (Beth) to be the captain of your team?
4. Would you ask Andy (Beth) to help you with something?
5. Do you think Andy (Beth) needs your help?

III. ACCEPTANCE

1. Did you ever know anybody like Andy (Beth)?
2. If Andy (Beth) came to the school, would you talk to him (her)?
3. If Andy (Beth) came to the school, would you ask him (her) to play with you?
4. If Andy (Beth) came to the school, would you help him (her)?
5. If Andy (Beth) came to the school, would you ask him (her) to be your friend?

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